



Senate

General Assembly

File No. 381

February Session, 2006

Substitute Senate Bill No. 651

Senate, April 5, 2006

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING PODIATRIC MEDICINE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 20-54 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2006*):

3 (a) No person other than those described in section 20-57 and those
4 to whom a license has been reissued as provided by section 20-59 shall
5 engage in the practice of podiatry in this state until [he] such person
6 has presented to the department satisfactory evidence that [he] such
7 person has had a high school education or its equivalent, has received
8 a diploma or other certificate of graduation from an accredited school
9 or college of chiropody or podiatry approved by the Board of
10 Examiners in Podiatry with the consent of the Commissioner of Public
11 Health nor shall any person so practice until [he] such person has
12 obtained a license from the Department of Public Health after meeting
13 the requirements of this chapter. A graduate of an approved school of
14 chiropody or podiatry subsequent to July 1, 1947, shall present
15 satisfactory evidence that he or she has been a resident student

16 through not less than four graded courses of not less than thirty-two
17 weeks each in such approved school and has received the degree of
18 D.S.C., Doctor of Surgical Chiropody, or Pod. D., Doctor of Podiatry,
19 or other equivalent degree; and, if a graduate of an approved
20 chiropody or podiatry school subsequent to July 1, 1951, that he or she
21 has completed, before beginning the study of podiatry, a course of
22 study of an academic year of not less than thirty-two weeks' duration
23 in a college or scientific school approved by said board with the
24 consent of the Commissioner of Public Health, which course included
25 the study of chemistry and physics or biology; and if a graduate of an
26 approved college of podiatry or podiatric medicine subsequent to July
27 1, 1971, that he or she has completed a course of study of two such
28 prepodiatry college years, including the study of chemistry, physics or
29 mathematics and biology, and that he received the degree of D.P.M.,
30 Doctor of Podiatric Medicine. No provision of this section shall be
31 construed to prevent graduates of a podiatric college, approved by the
32 Board of Examiners in Podiatry with the consent of the Commissioner
33 of Public Health, from receiving practical training in podiatry in a
34 residency program in an accredited hospital facility which program is
35 accredited by the Council on Podiatric Education.

36 (b) A licensed podiatrist who is board qualified or certified by the
37 American Board of Podiatric Surgery or the American Board of
38 Podiatric Orthopedics and Primary Podiatric Medicine may engage in
39 the diagnosis and treatment, including medical and nonsurgical
40 treatment of the ankle and the anatomical structures of the ankle as
41 well as the administration and prescription of drugs incidental thereto,
42 and the treatment of local manifestations of systemic diseases as they
43 appear on the ankle. Such diagnosis and treatment shall not include
44 any procedure beyond the initial diagnosis and treatment of a tibial
45 pilon fracture or displaced malleolar fracture. For purposes of this
46 subsection, "ankle" includes the distal metaphysic and epiphysis of the
47 tibia and fibula, the articular cartilage of the distal tibia and distal
48 fibula, the ligaments that connect the distal metaphysic and epiphysis
49 of the tibia and fibula and the talus, and the portions of skin,
50 subcutaneous tissue, fascia, muscles, tendons and nerves at or below

51 the level of the myotendinous junction of the triceps surae.

52 Sec. 2. (*Effective from passage*) The Commissioner of Public Health
53 shall convene a panel comprised of the commissioner or the
54 commissioner's designee, a qualified mediator selected and retained by
55 the commissioner and two representatives each from the Connecticut
56 Podiatric Medical Association and the Connecticut Orthopedic Society,
57 to develop a protocol and recommendations for permitting qualified
58 practitioners of podiatric medicine, as described in subsection (b) of
59 section 20-54 of the general statutes, as amended by this act, to perform
60 surgery on the ankle, as defined in said subsection (b) of section 20-54
61 of the general statutes. The mediator shall direct and advise the panel
62 in its deliberations. The commissioner shall report the panel's findings
63 and recommendations on or before January 1, 2007, to the joint
64 standing committee of the General Assembly having cognizance of
65 matters relating to public health, in accordance with section 11-4a of
66 the general statutes.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2006</i>	20-54
Sec. 2	<i>from passage</i>	New section

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 07 \$	FY 08 \$
Public Health, Dept.	GF - Cost	12,000	None
Social Services, Dept.	GF - Cost	Minimal	Minimal

Note: GF=General Fund

Municipal Impact: None

Explanation

The Department of Public Health will have to retain a mediator to assist the panel established in Section 2 of the bill. This will result in an estimated one-time cost to the department of \$12,000 in FY 07.

Changes included in this bill may increase utilization of podiatry services in the Medicaid program. Access to orthopedic surgeons under the Medicaid program has been increasingly difficult in recent years, artificially lowering Medicaid utilization. The expansion of the scope of practice for podiatrists will allow a new point of access of service for Medicaid patients, resulting in increased utilization costs. However, these increased costs will be offset by savings, as the fees that Medicaid pays podiatrists for services are lower than those paid to physicians. Therefore, it is expected that any increase in net Medicaid costs will be minimal.

The Out Years

State Impact:

Agency Affected	Fund-Effect	FY 09 \$	FY 10 \$	FY 11 \$
Public Health, Dept.	GF - Cost	None	None	None
Social Services, Dept.	GF - Cost	Minimal	Minimal	Minimal

Note: GF=General Fund

Municipal Impact: None

OLR Bill Analysis**sSB 651*****AN ACT CONCERNING PODIATRIC MEDICINE.*****SUMMARY:**

This bill expands the scope of practice of podiatrists by allowing the diagnosis and nonsurgical treatment of the ankle under certain conditions. Podiatrists' current scope allows diagnosis and treatment of ailments of the foot, including medical and surgical treatment, and administering and prescribing drugs incidental to the care.

The bill requires the public health (DPH) commissioner to convene a panel, directed by a mediator, to develop a protocol and recommendations to allow qualified podiatrists to perform surgery on the ankle.

EFFECTIVE DATE: October 1, 2006 for the scope of practice changes; upon passage for the panel.

EXPANDED SCOPE OF PRACTICE

The bill allows a licensed podiatrist who is board qualified or certified by the American Board of Podiatric Surgery or the American Board of Podiatric Orthopedics and Primary Podiatric Medicine to diagnosis and treat the ankle, including medical and nonsurgical treatment of the ankle and its anatomical structures. This includes administering and prescribing drugs incidental to the diagnosis and treatment as well as the treatment of local manifestations of systemic diseases as they appear on the ankle. The bill specifies that diagnosis and treatment of the ankle does not include any procedure beyond the initial diagnosis and treatment of a tibial pilon fracture or displaced malleolar fracture. (Malleolar or malleolus refers to the protuberance on both sides of the ankle joint, the lower extremity of the fibula

known as the lateral malleolus and lower end of the tibia known as the medial malleolus.)

For purposes of the bill “ankle” includes the (1) distal (farthest from the center) metaphysic and epiphysis of the tibia and fibula; (2) the articular cartilage of the distal tibia and distal fibula; (3) the ligaments that connect the distal metaphysic and epiphysis of the tibia and the talus (ankle bone); and (4) the portions of skin, subcutaneous tissue, fascia, muscles, tendons, and nerves at or below the level of the myotendinous junction of the triceps surae. (“Triceps surae” refers to the group of lower leg muscles called the gastrocnemius and the soleus. The gastrocnemius is the two headed, heart-shaped muscle in the back of the lower leg. The soleus is the broader, flat muscle just beneath the gastrocs. Both of these muscles attach to the heel bone via the Achilles tendon. The triceps surae makes up the superficial, posterior lower leg compartment.)

PANEL ON ANKLE SURGERY

The six-member panel convened by and including the DPH commissioner or his designee, must also include a qualified mediator selected and retained by the commissioner, and two representatives each from the Connecticut Podiatric Medical Association and the Connecticut Orthopedic Society. The panel must develop a protocol and recommendations allowing qualified podiatrists to perform podiatric surgery. The mediator must direct and advise the panel. The commissioner must report the panel’s findings and recommendations to the Public Health Committee by January 1, 2007.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 0 (03/20/2006)